

INTEGRAL CONSULTING INC.
SURFACE WATER SAMPLING FORM

PROJECT _____ SAMPLE NO. _____
DATE _____ TIME _____ SAMPLED BY _____
WEATHER CONDITIONS _____

SAMPLE LOCATION _____
SAMPLE DEPTH _____
SURFACE WATER FLOW RATE _____
SURFACE WATER TYPE _____
SAMPLE CONDITION (i.e. turbidity, odor, oily) _____

SAMPLE COLLECTION
COLLECTION METHOD _____
COLLECTION TIME _____

SAMPLE INFORMATION pH _____ COND. _____ T(C) _____ D.OXYGEN _____
ANALYSIS CONTAINERS SAMPLE PREP/PRESERVATION

CHAIN OF CUSTODY FORM _____ COC TAPE _____
SHIPPING CONTAINER _____

COMMENTS _____

EQUIPMENT CALIBRATION AND MAINTENANCE FORM (TYPICAL)

INSTRUMENT (NAME / MODEL NO. / SERIAL NO.): _____

MANUFACTURER: _____ DATE PURCHASED or LEASED: _____

CALIBRATION LOGSHEET

Calibration Date	Initial Settings	Standard(s) Used	Procedure	Adjustments Made	Final Settings	Signature of Operator	Comments

MAINTENANCE LOGSHEET

Maintenance Date	Reason for Maintenance	Maintenance Performed	Signature of Operator	Comments

FIELD CHANGE REQUEST (FCR) FORM (TYPICAL)

Project Name: _____

Project No.: _____

Client: _____

Request No.: _____ FCR- _____

To: _____ Date: _____

Field Change Request Title: _____

Description:

Reason for Change:

Recommended Disposition:

Field Operations Lead (or designee) Signature Date

Disposition:

Project Manager Signature Date

Approval:

Project Manager Signature Date

Distribution:

City of Bellingham Project Manager
Integral Project Manager
Field Operations Lead

QA Officer
Project File
Other:

(Additional Field Forms will be provided in Final SAP)